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Annual Report

OF THE

Nova Scotia

Alcoholism Research Foundation

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THE HONOURABLE RICHARD A. DONAHOE, LL.B., Q.C.,

Minister of Public Health.

Sir:

I beg to offer herewith the Report of the Alcoholism Research Foundation for the year 1965.

Respectfully submitted,

ARTHUR KELSALL,

Chairman.

To His Honour,

THE HONOURABLE H. P. MacKEEN, C.D., Q.C.,
Lieutenant Governor of Nova Scotia.

Sir:

I beg to present herewith the report of the Nova Scotia Alcoholism Research Foundation.

I have the honour to be,

Sir,

Your most obedient servant,

RICHARD A. DONAHOE,
Minister of Public Health.

NOVA SCOTIA ALCOHOLISM RESEARCH FOUNDATION

1965

MEMBERS:

Arthur Kelsall, B.S.A., F.C.I.C., F.A.I.C., D.C.L.,
Annapolis Royal - - - - Chairman

M. Grace Wambolt, B.A., LL.B., Q.C.,
Halifax - - - - Vice-Chairman

Austin Churchill, Esq., Yarmouth

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Raymond H. MacFarlane, B.A., B.D., Bedford

Mrs. John W. MacLeod, R.N., New Glasgow

Clyde S. Marshall, M.D., C.M., Halifax

Perry Ronayne, Esq., Dartmouth

Harold L. Scammell, M.D., C.M., Halifax

Bruce H. Wallace, B.A., R.O., Dartmouth

STAFF MEMBERS:

J. Murray Snow, M.Sc., M.D., C.M.,
Halifax - - - - Executive Director

Hugh M. Scott, Amherst - - Field Representative

Margaret M. Caswell (Mrs.), R.S.W., Halifax - Social Worker

Diana M. Rudolph, Halifax - - - Secretary

Henry B. Ross, B.Sc., M.D., C.M., F.A.A.P.,
Halifax - - - Medical Counsellor, (Part-time)

Madeline E. O'Sullivan (Mrs.),
Halifax - - - - Counsellor, (Part-time)

James H. Brown, M.B., Ch.B., D.P.M., M.R.C.P.,
Halifax - - - - Consultant in Psychiatry

Harold L. Scammell, M.D., C.M.,
Halifax - - - - Consultant in Alcoholism

MEDICAL ADVISORY COMMITTEE

Robert C. Dickson, O.B.E., M.D., F.R.C.P., F.A.C.P., Halifax

F. Murray Fraser, M.D., C.M., Halifax

Robert O. Jones, B.Sc., M.D., C.M., F.A.P.A., Halifax

During the year 1965, the Nova Scotia Alcoholism Research Foundation has maintained its full complement of ten members as designated by Statute, with all members duly re-appointed for an additional twelve-month period.

The three-member Medical Advisory Committee was also re-appointed by Governor-in-Council.

The broad program of the Foundation in research, education, treatment and rehabilitation has been continued and further developed during the year.

RESEARCH

A major extra-mural research project was started under the direction of Doctor Robert C. Dickson, Professor of Medicine at Dalhousie University and Head of the Department of Medicine of the Victoria General Hospital. This project, entitled "Histochemical Studies in Liver Cirrhosis", is being carried out under Doctor Dickson's direction by Doctor J. J. Sidorov of the Department of Medicine and Doctor H. Park-Dinscoy of the Department of Pathology.

There has been an increase in interest in research projects associated with the problem of alcoholism and further projects in Nova Scotia universities are anticipated.

EDUCATION

The Foundation's efforts in the field of education have been expanded during the year, both through the newly developed Field Program and through staff contact with special groups whose fields of activity bring them in frequent contact with persons suffering from alcoholism.

Attitude Survey

A province-wide attitude survey commenced in August, 1964, as a preliminary measure to community organization, and was completed and evaluated by September, 1965. As a part of this survey, contact

was established with industry, and the attitude of general hospitals toward the admission and care of the alcoholic was made the subject of inquiry and study.

A total of 398 Nova Scotians, representing many different disciplines, were comprehensively interviewed by the Field Representative in order to obtain a cross section of attitudes toward the alcoholism problem in various communities. No attempt was made to ascertain the actual incidence of alcoholism at this time. A great variation in opinions was discovered among all disciplines, and even between communities.

The majority of professional people interviewed felt that their present system of treating alcoholism could be improved on, and looked upon alcoholism as a community problem. Over two-thirds termed alcoholism a disease per se and most were of the opinion it should be treated at the community level. They believed there was a high tolerance level towards overindulgence at the social drinking level, and some believed that there was still a stigma attached to the rehabilitated alcoholic.

Many of those interviewed had the opinion that alcoholics came from all levels of society in equal numbers. Some considered that they came more predominantly from the lower wage earning class; others believed that more came from the middle earnings group, while still others looked upon alcoholism as affecting more often those in the more affluent classes of society.

When asked for suggestions regarding the problem of alcoholism, there was a large degree of unanimity. Factual education on alcoholism at all levels of the community was recommended by over 90 per cent of those questioned.

Among professional people it was found that physicians as well as psychiatrists were divided in their opinions concerning the treatment and incidence of alcoholism as a disease. Many did accept and treat it as they would any other illness and those doctors reported a remarkable degree of success, particularly those who referred the patient to other follow-up resources after initial medical treatment or continued it themselves. Unfortunately, a significant proportion of those interviewed expressed little interest in the problem.

It is hoped that all people representing treatment disciplines at local conference tables can learn more about a co-operative program of treatment of alcoholism and in turn assist in creating an interest among their fellows at the provincial and local level.

As a result of our survey a great lack of knowledge and understanding were found, insofar as treatment was concerned, among many of the nurses and social workers interviewed. There was, in almost every case, a desire to become more informed. A factual course on alcoholism included in their training courses could do much to correct this situation.

Among educators there was considerable interest in the problem and a desire for the most effective means of teaching the subject in a factual manner. A program to accomplish this is being carried out by the Department of Education.

Law enforcement agencies varied greatly in their attitudes and knowledge. This would suggest that a special educational program directed toward this group would be of great value. The majority of law enforcement officials would welcome some effective program for rehabilitation of alcoholics.

Our survey showed that clergy generally are concerned with the problem of alcoholism in their communities, and are for the most part eager to take part in a co-operative and factual program of community education. The majority interviewed felt that they had much to learn in the matter of understanding and counselling the alcoholic.

The survey further showed changing attitudes insofar as most members of Alcoholics Anonymous are concerned. Most of those people interviewed have now become aware that many more alcoholics can be helped by approaching the problem in a co-operative fashion with all helpful agencies.

There appeared to be a lack of liaison between various treatment resources within each community. For this reason an endeavour will be made to have each of those community resources represented at local conference tables to study, and eventually to put into operation, a co-operative system of referral and treatment at the community level.

As a result of our survey it was discovered that a great deal of

social stigma is attached to alcoholism and this stigma is often carried over to those who have stopped drinking and are succeeding in a struggle for continued sobriety.

This adverse attitude is caused by the confusion surrounding alcoholism in the minds of many people, and can only be overcome by factual education at the provincial, local and school levels. When we can all accept alcoholism as a disease that alcoholics do not willingly bring upon themselves, that the causes, however complex, are not necessarily of their own making, that signals of danger may be recognized and prevention or early treatment made possible, then we shall create a suitable atmosphere for alcoholics, regardless of their station in life, to seek treatment at an early stage, or avoid the disease entirely. Why should it be reprehensible to try to avoid or recover from any illness?

The community study groups and committees which will be established can do much about this problem by involving many people into a local educational and treatment program. As more and more people become aware of alcoholism as a problem which does affect the whole community in one way or another, then improvement in attitudes will appear.

Our survey showed variations from one community to another. In some communities there was a willingness expressed by many people "to do something about it", while in other communities it was difficult to find anyone who would "face up" to the fact of alcoholism in their town. This covering up of the problem by whole communities can be due to a total lack of knowledge, a feeling that to admit their town might have an alcoholism problem would be disgracing it, or a remote possibility that there really are no alcoholics residing in the locality.

An educational program carried out at the provincial level by the Foundation can do much toward resolving the dilemma of these communities.

This survey has also brought to light the high degree of tolerance in many of our communities toward over-indulgence at social drinking levels. It is in this tolerant atmosphere that alcoholsm breeds and at the same time lies hidden until it is sometimes too late to look for recovery. Again this will be an area where our community committees can do great service.

One of the most valuable results of the survey was the locating of many understanding and knowledgeable persons in all communities who are willing to serve on community study groups and committees. These people come from all walks of life and many are business or professional leaders in their communities. It will be upon the dedication of these people that our community education program will depend, and our survey points to its eventual success.

Community Organization

In the past year the Field Representative spent a week of study and discussion at the offices of the National Council on Alcoholism, New York, in order to familiarize himself with their methods of establishing community committees and councils.

In connection with this visit the Field Representative also visited two communities in New York State where local alcoholism committees, established by the National Council on Alcoholism, have been functioning for some time.

Besides the learning of various techniques used in setting up local programs, it was also found that great progress can be made in the fight against alcoholism when influential community-minded citizens, representing many disciplines, become involved in a co-operative and knowledgeable program.

Before returning to Nova Scotia the Field Representative visited the State of New Hampshire, and made a brief study tour of the alcoholism program of that state. Information gathered here should also serve us well in the further establishment of our provincial field program.

In November, 1965, a beginning was made in the next phase of our field program, the organization of our first local study group consisting of 11 leading community-minded citizens. If the interest and dedication of this group can be repeated throughout Nova Scotia and sustained, it will provide a solid base from which to operate.

At the close of 1965 there were three other communities which have nuclei of study groups which it is hoped will be fully organized early in 1966.

Industry

While on a study tour in the Eastern United States, the Field Representative made an on-the-spot survey of well-established alcoholism programs in three large industries.

Some industrial companies in Nova Scotia were visited during the year and a beginning has been made in the establishing of an in-plant program on alcoholism in one industrial complex. Both management and union have expressed deep concern and wish to set up a program which will not be designed to discover and then dismiss the alcoholic employee, but to bring him within a program of treatment and rehabilitation.

Direct savings of thousands of dollars can be made by any company which recognizes an alcoholism problem and proceeds to do something constructive about it. Studies of industrial plants which have organized "in-plant" programs show that the rehabilitation rate among these affected industrial workers is as high as 70 per cent, a much higher rate than is claimed by most treatment agencies. When industrial programs are able to produce such satisfactory results, then the savings in human suffering cannot be measured in dollars and cents.

Survey of General Hospitals

This survey was in effect a study of the policies and practices of general hospitals in Nova Scotia in the admission and care of alcoholic patients. The administrators of 40 general hospitals in the Province were interviewed by the Field Representative under the direction of the Executive Director. These 40 institutions account for over 99 per cent of the total bed capacity of the general hospitals of Nova Scotia.

A uniform interview schedule was prepared in order to elicit the objections of general hospitals to the admission and treatment of alcoholics, the incidence, nature and seriousness of behaviour problems which hospitals actually experienced with alcoholic patients, the numbers of patients that general hospitals have actually admitted with the diagnosis of alcoholism, and the number of alcoholics admitted under other diagnoses, the administrators' opinions regarding the need for special services and facilities for the treatment of alcoholics.

Although all hospitals admit known alcoholics for specific medical complications, only half of those interviewed have a policy of admitting

alcoholics as such. The ratio of the total alcoholic admissions to the total patient admissions for all hospitals included in this survey was .0031. This figure was somewhat higher for the large hospitals of 100 beds or over, being .0037, and lower for the small hospitals under 100 beds, having an admission ratio of .0020.

Education, again, is necessary to demonstrate that modern treatment methods render the acute alcoholic completely amenable to hospital discipline and routine, while the less acute case presents no related problem at all. This is true for the small as well as the large hospital.

Public Relations

The educational value of good public relations is appreciated by the Foundation. The Field Representative has delivered 14 talks to service clubs throughout the Province. He also spoke to six youth groups and the Executive Director spoke to two such groups including a large gathering at the Provincial Conference of Allied Youth at the request of the Department of Education. Talks were given to various Alcoholics Anonymous groups in the Province and the Field Representative participated in a panel discussion at the International Alcoholics Anonymous Convention in Toronto. There were two television appearances during the year by the Field Representative and two radio talks based on service club addresses. The Executive Director was also interviewed on the subject of alcoholism and the work of the Foundation over the C.B.C. Maritime network.

Good press coverage has been accorded the staff of the Foundation with regard to public appearances.

Special Groups

The Foundation has continued to receive many requests for lectures from groups who are directly concerned with the problem of alcoholism and whose fields of work bring them in close contact with the alcoholic. The Executive Director participated in the Clinical Pastoral Course at the Nova Scotia Hospital sponsored by the Institute of Pastoral Training and also in a Workshop on Alcohol Problems sponsored by the Nova Scotia Temperance Federation. A second area workshop under the same sponsorship was assisted by Doctor H. L. Scammell, Consultant in Alcoholism.

Doctor Snow was one of the principal speakers at an Atlantic Provinces Symposium on Alcoholism held in Moncton under the auspices of the New Brunswick Department of Health.

Lectures have been given to post-graduate nursing classes at Dalhousie University, to the Industrial Nurses Association, to sociology students at Saint Mary's University, and to small groups of students from the Maritime School of Social Work. The Field Representative addressed a class of psychology students at Saint Francis Xavier University.

Other contacts with special groups of persons have been carried out on a more informal basis by members of the Clinic and Field Staff.

TREATMENT AND REHABILITATION

The Out-Patient Pilot Clinic in Halifax has now completed its second year of operation and during this period has assisted a steadily increasing number of persons suffering from alcoholism.

The Foundation has continued with its policy of utilizing part-time personnel for the adequate operation of the clinical program with the Executive Director continuing to serve as clinic physician and counsellor in addition to his administrative responsibilities.

Mrs. Margaret Caswell, a Registered Social Worker, joined the Clinic Staff in September. She has an adequate background in case-work in hospital settings and is presently providing counselling services at our Out-Patient Clinic and maintaining liaison with local social agencies.

The services of the consultant staff of the Clinic in the fields of alcoholism and psychiatry have been utilized by the clinic staff as required.

During the second year of operation of the Out-Patient Pilot Clinic 135 patients have been registered for treatment. The breakdown of this group according to sex and source of referral is shown in Table I with comparative figures for the year 1964. Some change in the pattern of sources of referral is noted as the program progresses.

TABLE I

	1964	1965
Total Patients Treated	88	176
New Patients Registered	88	135
Male	75	110
Female	13	25
Sources of Referral		
Nova Scotia Hospital	27	32
Self, Family and Friends	10	23
Alcoholics Anonymous	27	21
Clinic Patients	5	21
General Hospitals, Other Clinics	7	14
Social Agencies	5	8
Court & Probation Services	—	7
Physicians	3	6
Clergy	1	2
Civil Service & Industry	3	1

The same comprehensive treatment approach has been maintained for patients registering at the Clinic, with available services including physical examination, laboratory investigation, medical management, social assessment, psychiatric consultation, individual counselling, and group sessions. The individual counselling over an extended period of time continues to be the backbone of the treatment program with specific adaptations dependent on the individual patient. Counselling services are also available for interested members of patients' families.

During the year the clinic staff conducted a total of 1,708 personal interviews. The breakdown of this case load is given in Table II along with the figures for Group Session attendance. The Group Sessions held in the evenings at the Clinic consist of lectures, films and discussions on various aspects of alcoholism. This serves as a means of educating the patients on the subject and permitting them to become part of the larger group of people having the common problem of recovery from this illness.

TABLE II

Interviews at the Clinic	**1964**	**1965**
Interviews with patients	637	1461
Interviews with patients' families	68	193
Miscellaneous interviews	22	54
Total	727	1708
Group Sessions		
Number of Sessions	17	19
Total Attendance	154	319
Average Attendance	9	17

A good working relationship has been maintained with the Alcoholism Unit at the Nova Scotia Hospital by the Executive Director, Doctor J. Murray Snow, who is continuing as consultant in alcoholism at that institution. Periodic visits are made to the Nova Scotia Hospital by Doctor Snow where he participates in the educational lecture program for the alcoholic patients. During the year 31 lectures were given at the hospital to a total attendance of 1019. In addition 92 patient interviews were conducted with a view to continuing long-term follow-up therapy after discharge, either at the Clinic or through facilities in some other area of the Province.

A study of the case load at the Foundation's Out-Patient Clinic has been prepared which consists of an analysis of the first 200 patients registering for treatment. This is an analysis with respect to residence, sex, race, age, marital status, religion, ethnic origin, occupation, employment status, education, age at first drink, condition at first visit, stage of disease, source of referral, number of visits, group session participation and family participation. This type of study provides us with a good picture of a cross section of the alcoholic population that we are dealing with in a clinical setting and indicates to the Foundation ways and means by which further improvement of the clinical program might be achieved.

Library

Books and periodicals on the subject of alcoholism are continually being acquired by the Foundation for use by staff members and for

loan to individuals on request. Additional copies of many publications are obtained for use in the Study Groups being developed in the Field Program.

The Foundation has available a large assortment of pamphlet material for distribution to interested individuals on request. This material is suitable for patients, families and the general public and specific pamphlets are available for distribution to appropriate professional groups.

During the year 4,635 pieces of literature were distributed in this manner.

There is a distinct need for up-to-date films on alcoholism for use in educational programs. The North American Association of Alcoholism Programs in which the Foundation maintains program membership is presently concerned with this need and our film library will be increased in due course.

The Nova Scotia Alcoholism Research Foundation continues an active interest in the Canadian Foundation on Alcoholism. Doctor H. L. Scammell and Miss M. Grace Wambolt are our representatives on this body and Doctor J. M. Snow is a member of the Program Committee. This Program Committee met in Toronto twice during the past year and has formulated plans for a Canadian Conference on Alcoholism to be held in 1966 under the sponsorship of the Canadian Foundation on Alcoholism. This will afford an opportunity for workers in this field from across Canada to hear qualified lecturers and discuss problems of mutual interest. It is anticipated that we shall have adequate representation from our Foundation at this forthcoming national conference.

The Nova Scotia Alcoholism Research Foundation anticipates further growth of its program in the fields of research, education, treatment and rehabilitation along the lines contained in this Annual Report.